County: Brown BORNEMANN NURSING HOME, INC. 226 BORNEMANN STREET Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled Yes Yes Average Daily Census: 105

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$Servi ces Provi ded to Non\hbox{-}Resi dents$		Age, Sex, and Primary Diagn	osis of	Residents $(12/3)$	1/00)	Length of Stay (12/31/0	0) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No No No No No No No No Yes	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	0. 0 14. 2 3. 8 0. 0 1. 9 5. 7 13. 2 22. 6 13. 2 4. 7 2. 8 17. 9	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	7. 5 16. 0 27. 4 39. 6 9. 4 100. 0 92. 5	Less Than 1 Year 1 - 4 Years More Than 4 Years ***********************************	13. 8 8. 3 42. 9

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Private Pay			Managed Care			Percent
			Per Die	m		Per Die	em		Per Diem			Per Diem		Ŭ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 8	\$125. 03	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	0. 9%
Skilled Care	10	100.0	\$275.00	51	89. 5	\$107. 27	0	0. 0	\$0.00	39	100.0	\$125.00	0	0.0	\$0.00	100	94. 3%
Intermedi ate				5	8.8	\$89. 51	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	5	4. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	10	100.0		57	100. 0		0	0.0		39	100.0		0	0.0		106	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 5.4 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 7. 5 21. 7 Private Home/With Home Health 0.8 Baťhi ng 59. 4 33. 0 106 Other Nursing Homes 1.1 Dressi ng 50.9 27.4 106 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 23.6 43.4 88.9 33.0 106 26. 4 36.8 106 0.4 Toilet Use 36.8 0.0 Eating 74. 5 6. 6 18. 9 106 ****** Other Locations 3.4 Total Number of Admissions 261 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 10.4 6. 6 Private Home/No Home Health 27.1 Occ/Freq. Incontinent of Bladder 52.8 0.0 Private Home/With Home Health 3. 5 Occ/Freq. Incontinent of Bowel 35.8 1. 9 Other Nursing Homes 4. 7 0.9 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 23.6 Mobility 4. 7 Physically Restrained 17.0 0.8 32. 1 0.0 Other Locations 13. 2 Skin Care Other Resident Characteristics 4. 7 Deaths 27. 1 With Pressure Sores Have Advance Directives 84.0 Total Number of Discharges With Rashes 13. 2 Medi cati ons 258 (Including Deaths) Receiving Psychoactive Drugs 41.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Propri etary		100- 199		Skilled		Al l	
	Facility	Peer	Peer Group		Peer Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	78. 9	82. 5	0. 96	83. 6	0. 94	84. 1	0. 94	84. 5	0. 93
Current Residents from In-County	88. 7	83. 3	1.06	86. 1	1.03	83. 5	1.06	77. 5	1. 14
Admissions from In-County, Still Residing	17. 6	19. 9	0. 89	22. 5	0. 78	22. 9	0. 77	21. 5	0.82
Admi ssi ons/Average Daily Census	248. 6	170. 1	1.46	144. 6	1. 72	134. 3	1.85	124. 3	2.00
Discharges/Average Daily Census	245. 7	170. 7	1.44	146. 1	1. 68	135. 6	1. 81	126. 1	1. 95
Discharges To Private Residence/Average Daily Census	75. 2	70.8	1.06	56 . 1	1. 34	53. 6	1.40	49. 9	1.51
Residents Receiving Skilled Care	95. 3	91. 2	1. 05	91. 5	1.04	90. 1	1.06	83. 3	1. 14
Residents Aged 65 and Older	92. 5	93. 7	0. 99	92. 9	1.00	92. 7	1.00	87. 7	1.05
Title 19 (Médicaid) Funded Residents	53. 8	62. 6	0. 86	63. 9	0.84	63. 5	0. 85	69. 0	0. 78
Private Pay Funded Residents	36. 8	24. 4	1. 51	24. 5	1. 50	27. 0	1. 36	22. 6	1.63
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 8	0.00	1. 3	0.00	7. 6	0.00
Mentally III Résidents	17. 9	30.6	0. 58	36. 0	0. 50	37. 3	0. 48	33. 3	0. 54
General Medical Service Residents	17. 9	19. 9	0. 90	21. 1	0. 85	19. 2	0. 93	18. 4	0. 97
Impaired ADL (Mean)	49. 8	48. 6	1.03	50. 5	0. 99	49. 7	1.00	49. 4	1.01
Psychological Problems	41. 5	47. 2	0. 88	49. 4	0.84	50. 7	0.82	50. 1	0.83
Nursing Care Required (Mean)	8. 0	6. 2	1. 30	6. 2	1. 30	6. 4	1. 24	7. 2	1. 12